

Town of Speedway

**BUSINESS
LICENSE
APPLICATION**

B-_____

Date_____

Name of Applicant_____ Phone # (_____)_____

Address_____

_____ Zip_____

E-mail Address_____

Business Name_____ Phone (_____)_____-_____

Address:_____,_____ Zip_____

Land area size_____ Building size_____ Zoning_____

Type and character of Business_____

What materials and processes are used in the business?_____

Number of employees_____ Number of other occupants_____

State of Incorporation_____ Year_____

(If applicant is corporation, please attach a certificate from the Secretary of State of Indiana certifying that the applicant is a corporation in good standing under the laws of the State and is certified to do business in the State.)

Names of Partners or Corporate Officers and Office Addresses:

1._____

2._____

3._____

4._____

Name of Registered Agent_____

Address_____,_____ Zip_____

Phone_____ E-mail address_____

How long has the business been in Speedway or State of Indiana? _____yrs_____mos.

Any previous business address within last 2 years._____

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Has the owner or any partner or corporate officer for the applicant business ever been denied a business license by the Town of Speedway, or had license revoked or suspended?_____

Has the applicant or any partner or corporate officer of the applicant business ever been convicted of a felony?_____If yes, what year?_____

Have all taxes due Town, County, and/or State been paid?_____

Explanation:_____

Please provide the following information for the business manager or management company.

Name	Address	City	Phone	Email address
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With signature affixed below, the applicant states that: he/she agrees to conduct, maintain, and supervise business so as to not create a nuisance, or permit conduct or activity in the business or on the premises that endangers the public health or welfare; the applicant has, or will implement policies and procedures reasonably calculated to ensure that no illegal conduct or practice will take place in the business or on its premises; and that the applicant certifies the accuracy of all information contained in the application, and that it does not contain any material omissions and/or materially false or misleading information.

Signature of Applicant_____

Printed:_____